

Temporary Use Permit

Building Department

310 Navajo Trail • Burns Harbor, IN 46304 P 219-787-9187 • F 219-787-0015



buildingclerk@burnsharbor-in.gov • www.burnsharbor-in.gov

Application Number:		Date:
Applicant Name:		
Address of Use Permit:		
Owner's Name:		
Describe Use of Permit:		
Temporary Use Beginning:		Expires:
Business Hours of Tempora	ary Use:	
Approved Reject	ed Date:	
Building Commissioner Sign	nature:	
I, as Applicant for this permit assume the responsibility to be aware of and to comply with all applicable Town, State and Federal Ordinances, Codes and Statutes, Land Covenants, Restrictions, Easements, Set Backs and Public Right-of-Way.		
Applicant Signature:		